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## \*BIBDATASHEET\*

CONFIRMATION NO. 6697

Bib Data Sheet

SERIAL NUMBER 10/661,377	FILING DATE 09/12/2003  RULE	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO. CMED.01US01
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## APPLICANTS

Gary Werschmidt, Yorba Linda, CA;

 \*\* CONTINUING DATA \*\*\*\*\* *SAJ None*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *SAJ None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

27479  
 COCHRAN FREUND & YOUNG LLC  
 2026 CARIBOU DR  
 SUITE 200  
 FORT COLLINS, CO  
 80525

## TITLE

Customized articulating anatomical support

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